Michigan Health IT Roadmap

"Bridge to Better Health" Report

Final Draft Initiatives Document: January 2022

The Bridge to Better Health report is the result of a collaborative effort between the Michigan Health Endowment Fund[1], the United States Department of Health and Human Services, the Michigan Department of Health and Human Services, Michigan Health Information Technology (IT) Commission, and the CedarBridge Group – with extensive participation and contributions by members of Michigan's health care, community services community, and individual Michiganders. Appendix 1 includes a full list of participating organizations and individuals.

This preliminary draft includes strategic initiatives, a list of stakeholders engaged, and identified stakeholder priorities.

The Bridge to Better Health report serves as a summary of the engagement and long-term planning efforts that, from 2019 to 2021, have built new momentum and synergies in how our care systems can leverage health IT in the State of Michigan to improve the health and wellness of all Michiganders.

The Michigan Department of Health and Human Services is pleased to offer this summary report, and we sincerely thank everyone who has dedicated their time, resources, and ideas to this effort.

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Thank you to all who participated!

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[1] 1 The Michigan Health Endowment Fund works to improve the health and wellness of Michigan residents and reduce the cost of healthcare, with a special focus on children and older adults. The foundation has five annual grant programs. For more information about the Health Fund and its grantmaking, visit www.mihealthfund.org.

Initiative #1: Identify champions and empower leaders

Description	This initiative will provide the representation, cross-functional collaboration, and executive-level advocacy needed to support the implementation of this strategy document. Many sectors, such as behavioral health, school-based providers, and social services, also need to connect to and share data with the rest of the delivery system. All voices on residents' care team must be considered for representation on the Health IT Commission, to realize a more complete vision for health IT and health information exchange in Michigan. During validation and prioritization, this initiative was determined to be foundational to the success of the other initiatives.
Purpose	The purpose of this initiative is to empower state leadership, including the Health IT Commission and MDHHS, to support all future initiatives with broader and more inclusive representation. This initiative also compels state leaders to take ownership and an active advocacy role in implementing the strategies outlined in this report.
Initiative #1, Objective A: **Drive implementation of the roadmap and future initiatives, and promote a shared vision**	Activity 1A-1: Track, monitor, and evaluate metrics demonstrating roadmap implementation progress over time • The commission will develop implementation dashboards and accountability mechanisms to transparently share progress on implementation • The commission will publish quarterly reports, outlining progress made towards strategic initiatives and goals
Objective #1, Objective B: **Refresh State health IT governance**	Activity 1B-1: Expand the Health IT Commission to better reflect all sectors and levels involved in the whole-person care of residents, such as representation by: • Community services • Behavioral health • CHCP Medicaid health plans • Local health departments • Skilled nursing (e.g., RNs, NPs) Activity 1B-2: Develop engagement, education, and communication capacities on the Health IT Commission to inform

	the public on relevant health IT, security, consent, and consumer access topics
Timing	Begin as soon as possible. Q1 2022
Potential Funding Source	N/A

Initiative #2: Enhance health data utility

Description	Health data utility, or the shared data services that support vital information exchange functions in the state, is a valued public infrastructure needing continual maintenance and enhancements to meet the needs of residents. In the coming years, state health IT leaders, healthcare payers, and care providers will work more collaboratively to develop and enhance the shared services offered across our state. Where practical, the state will leverage existing investments and will maximize federal funding through the American Recovery Plan Act (ARPA) and other funding sources. Michigan stakeholders strongly supported the concept of health information exchange core services as a public data utility. The value in this initiative is improving public health response, coordination of care and services for vulnerable individuals, referrals, alternative payment models, and other use cases.
Purpose	The purpose of this initiative is to ensure that core shared services, such as those providing attribution, identity management, web services, and data interoperability, continue to be supported and enhanced. This initiative prioritizes the development of core capabilities, and it requires public-private collaboration to ensure the stability of care delivery, coordination, and quality into the future for all Michiganders.

Initiative #2, Objective A: **Build on the success of health information exchange in Michigan**	Activity 2A-1: Implement information exchange that leverages existing public investments wherever possible, such as MDHHS enterprise data services or through the health information network
	
	• Support the implementation of priority MDHHS IT system developments, such as for:[2]
	    o Michigan Crisis and Access Line (MiCAL)
	    o MDHHS Public Health system modernization
	    o The new Michigan Comprehensive Child Welfare Information System (CCWIS)
	    o Closed loop referral systems
	    o Person-data integrations with the MDHHS Master Person Index (MPI)

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[2] According to the 2020 MDHHS IT Strategic Plan

	• Stakeholders and funders will be encouraged to utilize public services and utility in health IT and health data utility to promote:[3]
	o Modularity
	o Interoperability
	o Leveraging investments
	o Alignment with industry standards, patterns, and practices
	• The commission will advocate for and promote widely adopted health IT and health information exchange services as core state solutions
	Activity 2A-2: Advance and promote the capabilities of core health information network infrastructure in the state, such as admit, discharge and transfer (ADT) messaging, attribution, identity management and web-based longitudinal record services
	• Stakeholders and funders will commit to leveraging existing core capabilities wherever possible, to not duplicate investments, and to leverage common shared services
	• In continuing to leverage common shared services, the commission will convene organizations to develop plans on improving data accuracy and quality.
	Activity 2A-3: Enhance interoperable clinical documentation, such as through standardized document language (e.g., Consolidated Clinical Document Architecture)
	• The commission will provide advisory and advocacy for the promotion of interoperable document architecture, such as CCDA, to promote patient safety and quality care
Initiative #2, Objective B: **Promote standards and secure infrastructure**	**Activity 2B-1: Promote secure health information practices that protect individual privacy**
	• The commission will convene workshops and committees to discuss and bring visibility to high priority opportunities and challenges in health IT system privacy and security, such as:
	o Consumer-mediated exchange
	o Consent and consumer preferences
	o Cybersecurity
	o Health information exchange legal infrastructure
	• The commission will adopt a set of guiding privacy and security principles to inform stakeholders on the

[3] Derived from MDHHS Integration Guide design principles

	minimum standards for protecting patient identities and information
	
	Activity 2B-2: Empower the Health IT Commission to implement standards development, such as alignment with the United States Core Data for Interoperability (USCDI)
	
	• The commission will convene workshops and committees to provide guidance and advisory on data standards for Michigan stakeholders, such as for:
	    o Implementation of required clinical core standards (e.g., USCDI)
	    o Developing core standards for social care data (e.g., such as those being established by the Gravity Project)
	    o Working collaboratively with stakeholders to make recommendations to MDHHS
	• The commission will regularly provide updates in its annual report on findings and recommendations it makes on standards development

Initiative #2, Objective C:
 	
Build data exchange that is consumer-centric and mediated by each resident
	Activity 2C-1: Implement a comprehensive statewide electronic consent management system, which empowers patients to control the sharing of their data
	
	• The commission and MDHHS will provide advocacy for and priority to the development of consent management systems that are interoperable, scalable, and offer optimized security protocols
	• Stakeholders will continue to work collaboratively on updating and expanding electronic consent management systems to ensure that:
	    o Consent preferences can be captured for a variety of protected data types
	    o Methods for providing consent preferences remain modern, accessible, and easy to modify by each patient
	
	Activity 2C-2: Protect patient safety by supporting critical life-saving data services
	
	• Certain priority use cases were identified by stakeholders as having significant benefit to patient safety and quality of care, including:
	    o Up-to-date medication information
	    o Advanced Directives
	    o Statewide identity management
	• The commission, MDHHS, and stakeholders will advocate and pursue funding for these priority use cases, to meet the safety needs of patients
	
	Activity 2C-3: Connect all points in the care ecosystem

	• In addition to developing core capabilities for health data utility, health IT capabilities must be able to connect all providers on a resident's care team. Solutions to connect payers, providers, and care coordinators must be inclusive, accessible, and comprehensive. To support these connections, the commission must continue advocating for health IT capabilities that securely and easily integrate data and messaging across platforms into interoperable solutions.
	• Certain data integrations, especially for vulnerable populations, were identified as priority by stakeholders engaged for this report. These populations include:
	  o Children
	  o Justice-involved individuals
	  o Behavioral health patients
	
	Activity 2C-4: Simplify resident access to electronic health information, using single sign-on portals or interoperable data exchange to consumer applications
	
	• Stakeholders will continue to pursue and fund shared services that promote easy and streamlined patients access to their health information, their consent preferences, and care team.
	• The commission and MDHHS will promote and advocate for data services and integrations that enable patient-mediated exchange and single sign-on capabilities.

Timing	Fiscal Year 2022 through Fiscal Year 2027
Potential Funding Source	Collaborative funding models will be necessary to ensure that development costs, equitable opportunities for broad adoption, and maintenance funding are possible in this initiative. Possible funding sources to implement this initiative include, but are not limited to: • Federal funding programs (e.g., Centers for Medicare and Medicaid Services Advanced Planning Documents) • Congressional funding (e.g., ARPA funds referenced in Section 2401[5], where funding is available to "enhance information technology, data modernization, and reporting, including improvements necessary to support sharing of data related to public health capabilities".) • State contracts (e.g., paying Medicaid Managed Care Organizations to provide "whole person, coordinated care") • Commercial health payers • Private philanthropy

Initiative #3: Work to address Michigan's digital divide

Description	Currently, the digital divide in Michigan leaves many without high-speed internet connections and unreliable wireless service. These gaps impact broad areas of rural Michigan, acutely affecting the Upper Peninsula region. Many areas across Michigan will be eligible for enhanced funding to bridge the digital divide, especially those defined as, • An "unserved location" lacks access to reliable broadband service offered with speed of not less than 25Mpbs/3Mbps • An "underserved location" lacks access to reliable broadband service offered with speed of not less than 100Mbps/25Mbps • A community institution (e.g., hospitals, schools, libraries public housing organizations, community support organizations), lacking access to 1Gbps service The program will be administered by the U.S. Department of Commerce's National Telecommunications and Information Administration (NTIA). Michigan's digital divide demonstrates the stark contrast between the "haves" and the "have nots", as evidenced by the mapping project NTIA commissioned to demonstrate evidence of broadband need across the United States and its territories, although a new mapping exercise is taking place at the Federal Communications Commission with more detailed and precise information on the availability of fixed and mobile broadband services. It is expected to be completed in 2022. The COVID pandemic heightened the impacts on regions with slow or non-existent internet service.
Purpose	This initiative will work collaboratively with stakeholders and advocates across the state to close service gaps and create more equitable access to internet for both providers and residents. The coordination and delivery of healthcare for Michiganders, especially for remote or emergency medical service providers, relies upon reliable and accessible internet access; this initiative will work to close that gap and ensure safer and more quality services are provided equitably to all residents.
Initiative #3, Objective A:	Activity 3A-1: Build on and leverage work already occurring • The commission will remain engaged and coordinated with State efforts to leverage and develop greater broadband infrastructure capabilities in Michigan.

Support digital connectivity efforts	• The State health IT community will work to advise and advocate for equitable access to internet services for providers and residents. At the time of this report, the Michigan High-Speed Internet (MiHI) Office leads the statewide facilitation and coordination efforts of broadband access for the state.
Initiative #3, Objective B: **Pursue strategic partnerships that enable greater federal, state, and private investments in connectivity**	Activity 3B-1: Support and advocate for funding opportunities that bring high-speed broadband, public Wi-Fi, and cellular service to all census tracts, statewide • The commission will remain engaged and advocate for healthcare providers and stakeholders who do either unserved or underserved by adequate broadband services. • The commission will produce recommendations and guidance on how its stakeholders' needs can be met through available broadband expansion funding
Timing	As soon as possible. Q1 2022
Potential Funding Source	Nationally, there are historic opportunities for broadband investments, and the health IT community must take steps to ensure that all needs are met in Michigan. When President Biden signed the Infrastructure Investment and Jobs Act into law on November 15, 2021, he approved $65 billion in funding to ensure that every American has access to reliable high-speed internet service, the largest U.S. investment in broadband in history. An unprecedented amount of funding-- $42.5 billion of that budget-- will be allocated to states through the Broadband Equity, Access, and Deployment (BEAD) Program, with a minimum of $100 million to each state. The remaining $37.356 billion will be distributed to states using a formula concerning a state's percentage of nationally unserved locations. Initial planning funds are available from NTIA to support the five-year action plan, which is a requirement for implementation funding. Reflecting the federal government's strong emphasis on equity, additional funding will be available through two grant programs under the "Digital Equity Act of 2021." The State Digital Equity Capacity Grant Program authorizes $60 million for planning grants to be made available to States for the development of State Digital Equity Plans, and $650 million over five years for grants to States to support the implementation of State Digital Equity Plans and digital inclusion activities. The Digital Equity Competitive Grant Program makes available $650 million over five years for grants to a wide variety of public-sector and not-for-profit entities. Funds may be used for a range of digital inclusion and broadband adoption activities.

Initiative #4: Improve onboarding and technical assistance programs

Description	Although widespread adoption of certified health IT systems (e.g., electronic health record [EHR] systems, case management systems, health information technology, etc.) has been accomplished since the Conduit to Care report was published, many small or independent clinical practices, behavioral health providers, long term care facilities, emergency medical service providers, local public health agencies, and social service entities are not yet able to leverage a comprehensive or certified EHR or HIE. Moreover, not all EHR users have access to comprehensive HIE or other integrated services. To ensure optimized care delivery, safety, and coordination for patients, all providers must have equitable access to health IT systems and shared services.
Purpose	Several categories of healthcare providers and all types of social service organizations were not eligible for the Medicare and Medicaid incentive payments for adopting and using EHR systems. This initiative would help the providers left behind (i.e., ambulatory, behavioral health, long term care, emergency medical services, local public health, social services, and others), with financial incentives for connecting with a data exchange organization and with technical assistance and training for using technology to provide better, more coordinated care.

Initiative #4, Objective A:
 	
 Sponsor onboarding at higher levels of statewide leadership
	Activity 4A-1: Support statewide technical assistance programs that optimize use of health IT by physical and behavioral health clinicians, support staff, and public health professionals
	
	 • MDHHS will pursue funding opportunities and a technical assistance program framework to enable this initiative and its goals.
	 • Into the future, the commission and MDHHS will:
	    o Establish a statewide EHR User Workgroup, to ensure that all providers have access to technical and systems planning resources
	    o Explore collaborative regional efforts to pursue better technical assistance, such as through regional extension centers or physician organizations
	    o Continue to engage providers on their needs and barriers in accessing and leveraging optimized

	health IT capabilities, such as for local health departments
Initiative #4, Objective B: **Support the continued implementation of telemedicine**	Activity 4B-1: Provide policy and advocacy support to statewide efforts to expand, integrate and better utilize telemedicine resources • MDHHS and the commission will continue to partner with existing efforts, such as the MI Healthy Communities Plan and the Coronavirus Racial Disparities Taskforce, to provide visibility, recommendations, and planning for telemedicine across Michigan • Annually, the commission will report on its progress and recommendations in how providers can better optimize their use of, and expand access to telemedicine
Timing	Starting Fiscal Year 2023
Potential Funding Source	Collaborative funding models will be necessary to ensure that development costs, equitable opportunities for broad adoption, and maintenance funding are possible in this initiative. Possible funding sources to implement this initiative include, but are not limited to: • Federal funding programs (e.g., Centers for Medicare and Medicaid Services Advanced Planning Documents) • Congressional funding (e.g., ARPA funds referenced in Section 2401[5], where funding is available to "enhance information technology, data modernization, and reporting, including improvements necessary to support sharing of data related to public health capabilities".) • State contracts (e.g., paying Medicaid Managed Care Organizations to provide "whole person, coordinated care") • Commercial health payers • Private philanthropy

Initiative #5: Protect public health

Description	Greater access by public health entities to electronic health information and case reporting data will enable end-users with high quality, bi-directional population health information. The capabilities enabled by this data sharing would ensure centralized data access and streamlined reporting in public health crises, and ease the administrative burden experienced by local public health departments and providers due to manual data entry, redundant reporting, and difficulty querying public health data systems.
Purpose	This initiative will unite intentions around the development and maintenance of priority public health IT services and capabilities. The innovations enabled by this initiative will lead to greater public health emergency preparedness, population health and disease management capabilities.
Initiative #5, Objective A: **Accurate and timely information in public health systems**	Activity 5A-1: Enable bi-directional data flow of accurate and timely information, such as for immunizations, death notifications, and electronic case reporting. • The commission and MDHHS will prioritize the development and maintenance of use cases that support bi-direction data flow of accurate and timely information to and from local health departments Activity 5A-2: Support statewide registries and analytics that develop complete data. • The commission and MDHHS will prioritize the development and maintenance of public health registries that elevate the work of MDHHS public health programs and their monitoring needs
Initiative #5, Objective B: **Support quality improvement of resident care**	Activity 5B-1: Enhance data services that build capacity for more complete insight into utilization, quality improvement, and evidence-based intervention design. • The commission and MDHHS will continue to engage stakeholders to assess the business needs and feasibility of population health evaluation systems that would meet the goals in this activity. • The commission and MDHHS will pursue funding and advocate for statewide resources that allow greater business insights and analysis into resident whole-person wellness and population health outcomes.

	Activity 5B-2: Focus on improving data quality shared in the health information exchange. • The commission will establish workgroups or committees to discuss and address any identified data quality challenges in shared data leveraged across the state. • The commission will provide updates on its efforts to improve data quality.
Initiative #5, Objective C: **Bolster public health preparedness systems**	Activity 5C-1: Provide extensive training and education for local public health agencies and other key stakeholders. • In alignment with Initiative #4, the commission and MDHHS will pursue funding opportunities and a technical assistance program framework to enable this activity and its goals. Activity 5C-2: Modernize state public health systems and improve functionality for syndromic surveillance, vital records, disease registries, and electronic lab reporting systems. • MDHHS will pursue and maximize the impact of funding that modernizes and integrates its public health data systems. • The commission and MDHHS will prioritize HIE use cases and health IT capabilities that optimize public health system interoperability.
Suggested Initiative Owner(s)	• Health IT Commission • Michigan Department of Health and Human Services
Timing	Fiscal Year 2022 through Fiscal Year 2027
Potential Funding Source	In the past, public health agencies have struggled to keep their technical infrastructures up-to-date, and most systems have been very siloed because they were typically established through legislative or regulatory mandates as standalone programs tied to specific funding. Public health agencies across the country, including in Michigan, are planning modernization efforts that will upgrade their capabilities and support integration and sharing of the data, in fact, the federal Centers for Disease Control (CDC) requires states to demonstrate interoperability and connectivity between public health systems that are being upgraded or replaced though Cares Act funds and through other CDC funding allocations. Funding Initiative #5 to establish bi-directional data flow between public health registries and the rest of the ecosystem can be provided by the CDC sources or could be funded through ARPA.

Increasingly, public health programs that show benefit to state Medicaid programs may also be eligible for federal funding programs through the Centers for Medicare and Medicaid Services. This funding, as defined in Advanced Planning Documents, could be leveraged for project development and maintenance costs.

Initiative #6: Adopt standards for social care data fields
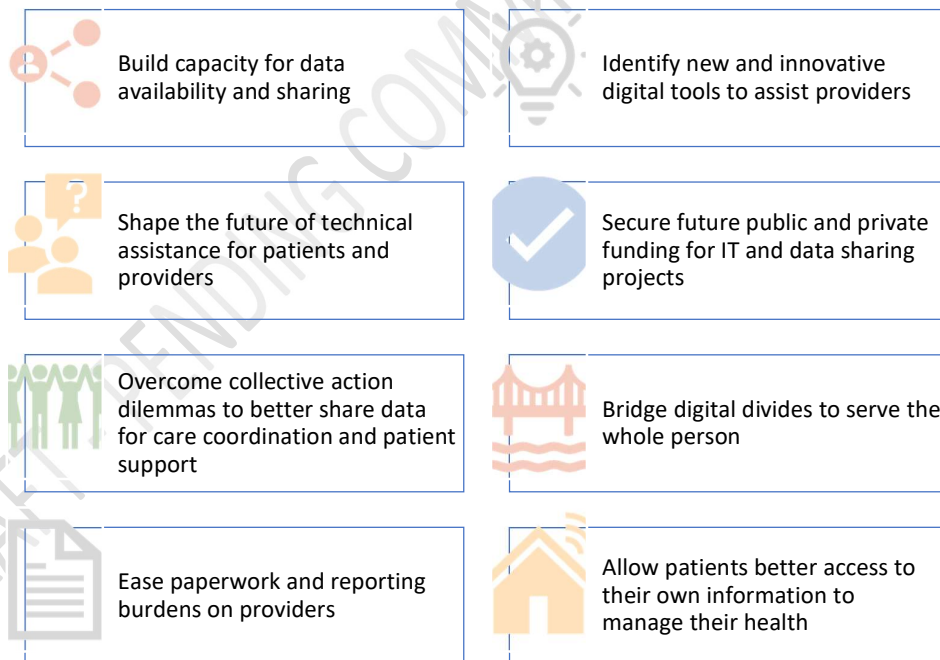
Description	Many opportunities exist to improve health outcomes and improve the lives of vulnerable individuals and families in Michigan when information can be securely shared between agencies and programs that are serving different needs of the same people. Social needs assessments collected by community-based organizations are varied and the information collected through assessments is not easily integrated into electronic health record systems. Significant work is being done at the federal, state, and organization level on standardizing and even incentivizing health-related social care data.
Purpose	This initiative will bring momentum to efforts occurring that Michigan that seek to address whole-person outcomes. By leveraging clinical, social care, and other data, the outcomes of this initiative will lead to greater care coordination, need identification, and resource allocation for vulnerable communities across the state. Moreover, given the extensive work already underway in many Michigan organizations, this initiative will seek to do an environmental scan and assess alignment across current SDoH efforts being pursued by organizations across the state.
Initiative #6, Objective A: **Develop policies to accompany new standards that promote easy sharing of social care information**	Activity 6A-1: Charter a commission workgroup to assess the extensibility of current national and state work being done to develop standards for social care data • The commission and MDHHS will engage stakeholders through workgroups or committees to ensure that an aligned approach is taken across the state to develop standards for social care data and compliance. The goal of this workgroup would be to align SDoH data program efforts across sectors. • The commission will provide updates in its annual report on the strategies and alignment that it is able to identify related to using health IT to address SDoH
Initiative #6, Objective B: **Support systems that promote better care**	Activity 6B-1: Advance individual and population-level transfer of health and social care data that supports whole-person care management • The commission and MDHHS will work collaboratively with stakeholders to determine the business needs, privacy implications, and end uses of analytic resources that would provide insight into the whole-person care of residents

coordination and integration of services	• Once solutions have been identified, the commission and MDHHS will pursue funding and advocate for solutions that meet the goals of this activity Activity 6B-2: Align stakeholders and SDoH strategies to enable data solutions that support interoperability and integration • The commission will facilitate workshops and committees to make recommendations to MDHHS on the sharing and use of social care data, such as advising MDHHS on its implementation of the State SDoH strategy • Stakeholders will commit to aligning around statewide findings, recommendations, and strategies to collectively address SDoH as one Michigan health IT community Activity 6B-3: Take advantage of aggregate data opportunities and analytics • Once agreeable and scalable data sharing solutions have been implemented, the commission and MDHHS will work collaboratively with stakeholders to identify business needs and opportunities with leveraging analytic resources to optimize the evaluation and management of resident care outcomes and evidence-based intervention design
Timing	As soon as possible. Q1 2022
Potential Funding Source	Collaborative funding models will be necessary to ensure that development costs, equitable opportunities for broad adoption, and maintenance funding are possible in this initiative. Possible funding sources to implement this initiative include, but are not limited to: • Federal funding programs (e.g., Centers for Medicare and Medicaid Services Advanced Planning Documents) • Congressional funding (e.g., ARPA funds referenced in Section 2401[5], where funding is available to "enhance information technology, data modernization, and reporting, including improvements necessary to support sharing of data related to public health capabilities".) • State contracts (e.g., paying Medicaid Managed Care Organizations to provide "whole person, coordinated care") • Commercial health payers • Private philanthropy

Where We Are Going

Michigan has the benefit of a high-functioning statewide health information exchange model that has demonstrated value to various state programs and initiatives for nearly two decades. Michigan also has highly qualified leadership and staff working in the state Department of Health and Human Services who develop innovative solutions to healthcare problems. Stakeholder relationships are strong and stakeholder participation is high, with strong interest running through the state for expanding activities started during the State Innovation Model and developing additional transformational models of whole-person coordinated care across communities. Identifying and empowering champions in state government and considering changes to the Health IT Commission's role and activity will provide statewide leadership what is needed for strategic initiatives over the next five years, and ongoing.

The commission has remained intensely engaged in strategy development since the effort was first proposed in 2019. In 2020, having considered a strategic direction for planning activities, the commission identified the following principles to convey key objectives to stakeholders ahead of engagement:

Build capacity for data availability and sharing	Identify new and innovative digital tools to assist providers
Shape the future of technical assistance for patients and providers	Secure future public and private funding for IT and data sharing projects
Overcome collective action dilemmas to better share data for care coordination and patient support	Bridge digital divides to serve the whole person
Ease paperwork and reporting burdens on providers	Allow patients better access to their own information to manage their health

As this strategic plan is implemented, these guiding principles will remain a foundational element. These principles will also provide continuity, even though legislative priorities, executive goals, and administration objectives may change as this report is implemented. While this report is intended to provide a set of actionable activities and goals to attain over the next five years, the spirit of collective action, collaboration, and continued system improvement will continue long after the activities of this report are completed. The commission seeks to avoid letting another decade pass

without updating Michigan's health IT strategies and thus is taking steps to ensure new strategies are embraced and integrated into a living statewide planning document.

To provide oversight and accountability, the commission will work to update the metrics and tracking it uses to gauge success of this report's implementation. In 2022, the commission will begin pursuing actionable criteria and make progress toward objectives transparent to stakeholders and the public. Given that this report's success will require cooperation from both public and private entities, implementation metrics will provide clear goals for collective action.

MDHHS looks forward to partnering with the commission, public and private stakeholders, and Michigan residents to ensure that we continue to improve health and wellness outcomes for all, leveraging the capabilities of health IT and interoperable data exchange.

Appendix A: Participating Organizations

- AARP
- Adaptive Counseling and Case Management
- Aetna Better Health Plan of Michigan
- Alcona Health Center
- Allegan County Community Mental Health
- Alliance Health
- Altarum
- Alternatives for Girls
- American Cancer Society of Michigan
- American Lung Association
- AmeriHealth
- Answer Health
- ANTS Health
- Arab Community Center for Economic and Social Services (ACCESS)
- Area Agencies on Aging Association Of Michigan
- Ascension Medical Group
- Aspirus
- August Optical
- AuSable Valley Community Mental Health
- Baldwin Family Health Care
- Baraga County Memorial Hospital
- Barry County Community Mental Health Agency
- Barry-Eaton Health Department
- Bay County Health Department
- Bay County Medical Care Facility
- Bay Mills Indian Community
- Bay-Arenac Behavioral Health
- Beacon Health Options
- Beacon Specialized Living
- Beaumont Health
- Beaver Island Rural Health Center
- Benton Harbor Health Center
- Berrien County Sheriff's Office
- Berrien County Corrections
- Blue Cross Blue Shield of Michigan
- Blue Cross Complete
- Branch County Corrections
- Branch Hillsdale St. Joseph Community Health Agency
- Bronson Healthcare
- Calhoun County Sheriff's Office
- Capital Area Literacy Coalition

- Capital Area United Way
- Carriage Town Ministries
- Cassopolis Family Clinic Network
- Catholic Charities of Southeast Michigan
- Center For Family Health Inc
- Center for Health and Research Transformation and Michigan
- Centra Wellness Network
- Chelsea Senior Center
- Cherry Health
- Child Care Network
- CHRT
- City of Detroit Health Department
- Community Mental Health Agency of Central Michigan
- Commission on Aging
- Community enCompass
- Community Housing Network
- Community Mental Health Association of Michigan
- Community Mental Health for Central Michigan
- Community Mental Health of Ottawa County
- Community Mental Health Partnership of Southeast Michigan
- Concerto Healthcare
- Cook and Hayden Vision Care Center
- Corner Health Center
- Covenant
- CSI Support & Development
- Deckerville Community Hospital/Marlette Regional Hospital
- Delta Dental of Michigan
- Detroit Medical Center
- Detroit Public Schools Community District
- Detroit Wayne Integrated Health Network
- Diameter Health
- Dickinson Memorial Health Care System
- Disability Network/Michigan
- District Court Probation & Community Corrections
- District Health Department #10
- East Jordan Family Health Center

- Easterseals Michigan
- Eaton County Sheriff's Department
- Eaton Rapids Medical Center
- Ecenbarger Eye Care
- Elder Law of Michigan
- EPIC Primary Care
- Fairview Nursing and Rehab
- Food Bank Council of Michigan
- Food Bank of Eastern Michigan
- Garden City Hospital
- Genesee Health Plan
- Genesee Health System
- Genesee Intermediate School District
- Genesys PHO
- GMPNetwork
- Good Shepherd Coalition
- Great Lakes Bay Health Center
- Great Lakes Physician Organization
- Greater Detroit Area Health Council
- Greater Flint Health Coalition
- Hamilton Community Health Network
- HAP Empowered Plan of Michigan
- Harbor Health
- Health Care Association of Michigan
- Health Net of West MI
- Helen Newberry Joy Hospital
- Henry Ford Health System
- Henry Ford-Allegiance Health System
- Hills and Dales General Hospital
- Hillsdale Hospital
- Holland Community Hospital
- Hurley Medical Center
- Huron Valley Physician Assocation
- InCompass Michigan
- Ingenium/United Physicians
- Ingham County Health Center
- Ingham Health Plan
- Integrated Health Partners
- Isabella County Sheriff's Department
- Jackson Community Medical Record
- Jackson Health Network
- Jewish Family Services of Washtenaw County
- Kalamazoo Community Mental Health & Substance Abuse Services
- Kalamazoo County Health & Community Services Department
- Kalamazoo County Sheriff's Office
- Kalkaska Memorial Health Center
- Kent County Health Department
- Lakeshore Regional PIHP
- Lapeer County Sheriff's Department
- Leading Age Michigan
- Legal Services of Eastern Michigan
- LifeWays Community Mental Health
- Livingston County Jail
- Livingston Physician Organization
- Macomb County Community Mental Health
- Matrix Human Services
- McKenzie Memorial Hospital
- McLaren
- MedNetOne
- Mel Trotter Ministries
- Memorial Healthcare
- Mental Health Association in Michigan
- Mercy Health
- Meridian Health Plan of Michigan
- MI Bridges Partner Network
- Michigan 211
- Michigan Academy of Family Physicians
- Michigan Association for Local Public Health
- Michigan Association of Air Medical Providers
- Michigan Association of Ambulance Services
- Michigan Association of Counties
- Michigan Association of Fire Chiefs
- Michigan Association of Health Plans
- Michigan Association of Senior Centers
- Michigan Association of Treatment Court Professionals
- Michigan Behavioral Health Advisory Council
- Michigan Center for Rural Health
- Michigan Chapter of Internal Medicine
- Michigan Coalition Against Homelessness
- Michigan College of Emergency Physicians
- Michigan Commission on Services to the Aging
- Michigan Community Action

- Michigan Community Health Worker Alliance
- Michigan Coronavirus Racial Disparities Task Force
- Michigan Council of Nurse Practitioners
- Michigan County Medical Care Facilities Council
- Michigan Data Collaborative
- Michigan Dental Association
- Michigan Department of Corrections
- Michigan Department of Education
- Michigan Department of Health and Human Services
- Michigan Department of Licensing and Regulatory Affairs
- Michigan Dept of Tech, Management, and Budget
- Michigan Directors of Services to the Aging
- Michigan Disability Rights Coalition
- Michigan Ear, Nose Throat and Allergy Specialists, P.C.
- Michigan Emergency Medical Services Coordination Committee
- Michigan Health and Hospitals Association
- Michigan Health Council
- Michigan Health Endowment Fund
- Michigan Health Improvement Alliance
- Michigan Health Information Network
- Michigan HomeCare and Hospice Association
- Michigan Indigent Defense Commission
- Michigan Medicine
- Michigan NENA
- Michigan Non-Profit Association
- Michigan Nurses Association
- Michigan Optometric Association
- Michigan Oral Health Coalition
- Michigan Osteopathic Association
- Michigan Pharmacists Association
- Michigan Primary Care Association
- Michigan Protection & Advocacy Service, Inc.
- Michigan Public Health Association
- Michigan Public Health Institute
- Michigan Rural Council

- Michigan School Nurse Association
- Michigan Sheriffs' Association
- Michigan State Medical Society
- Michigan State Police, Michigan 911
- Michigan State University
- Michigan State University Center for Rural Health
- Michigan State University College for Health Sciences
- Michigan State University THRIVE
- Mid State Health Network
- MidMichigan Health
- Molina Healthcare
- MPRO
- Munising Memorial Hospital
- Munson Health System
- Mycare Health Center
- National Alliance on Mental Health Michigan
- National Alliance on Mental Illness (NAMI) Michigan
- National Association of Social Workers - Michigan Chapter
- National Kidney Foundation - Michigan Chapter
- National Network of Depression Centers
- NextGen Healthcare
- North Ottawa Community Hospital
- NorthCare Network
- Northern Community Health Innovation Region
- Northern Michigan Regional Entity
- Northern Physician Organization
- Northwest MI Health Services
- Northwest Michigan Health Department
- Nurse-Family Partnership
- Oakland County Community Corrections
- Oakland County Health Network
- Oakland Physician Network Services
- Okemos Allergy Center
- Open Systems Technologies
- OSF St. Francis Hospital
- Packard Health
- PatientPing
- PCE Systems
- Pfizer
- Physician Health Plan

- Physician HealthCare Network
- Physician Organization of Michigan ACO
- Physicians Health Plan
- Pine Rest
- Planned Parenthood of Michigan
- Pontiac General Hospital
- Prime Health
- Priority Health
- ProMedica
- Saint Joseph Mercy Health System
- Scheurer Hospital
- Schoolcraft Memorial Hospital
- Sheridan Community Hospital
- Southeast Michigan Health Association
- Southeast Michigan Health Information Exchange
- Southwest Michigan Behavioral Health
- Sparrow Health System
- Spectrum Health
- St. Joe's Health System
- St. Vincent Catholic Charities
- State Court Administrative Office, Statistical Research
- Sterling Area Health Center
- Straith Hospital
- Sturgis Hospital
- tbdSolutions
- The Arc Michigan
- The Right Door for Health, Recovery & Wellness
- The United Way for Southeast Michigan
- The Wellness Plan
- Three Rivers Health
- Thunder Bay Community Health Services
- Total Health Care
- Traverse Health Clinic
- Trinity Health
- United Health Care
- United Physicians
- University of Michigan
- Upper Peninsula Health Care Solutions
- Upper Peninsula Health Information Exchange
- Upper Peninsula Health Plan

- Van Buren-Cass District Health Department
- Vernor Urgent Care PLLC
- Veterans Administration
- Volunteers of America Michigan
- War Memorial Hospital
- Washtenaw County Community Mental Health
- Washtenaw County Community Corrections
- Wayne County Corrections
- Wayne County Health Authority
- Wayne Metropolitan Community Action Agency
- Wayne State University Center for Behavioral Health and Justice
- Western Upper Peninsula Health Department
- Wolverine Human Services

Appendix D: Policy Alignment

This report is intentionally aligned with key strategies and stakeholder input documents. The following table depicts each activity in this roadmap and the strategies which correlate to them.

"Bridge to Better Health" Activity	ONC 2020-2025 Federal Health IT Strategic Plan	ONC Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs	MDHHS IT Strategy	CedarBridge Group Environmental Scan
Activity 1A-1: Track progress of roadmap				X
Activity 1B-1: Expand the Health IT Commission				X
Activity 1B-2: Health IT Commission engagement				X
Activity 2A-1: Leverages existing public investments			X	X
Activity 2A-2: Advance and promote the capabilities of core health information network	X			X
Activity 2A-3: Enhance interoperable clinical documentation		X		X
Activity 2B-1:	X			X

"Bridge to Better Health" Activity	ONC 2020-2025 Federal Health IT Strategic Plan	ONC Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs	MDHHS IT Strategy	CedarBridge Group Environmental Scan
Promote secure health information practices that protect individual privacy				
Activity 2C-1: Consent management system	X			X
Activity 2C-2: Life-saving data services	X	X		X
Activity 2C-3: Serve children, inmates, and behavioral health patients	X	X	X	X
Activity 2C-4: Single sign-on portals	X		X	X
Activity 3A-1: Support existing digital access efforts				X
Activity 3B-1: Advocate for digital access funding				X
Activity 4A-1:	X	X		X

"Bridge to Better Health" Activity	ONC 2020-2025 Federal Health IT Strategic Plan	ONC Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs	MDHHS IT Strategy	CedarBridge Group Environmental Scan
Health IT technical assistance				
Activity 4B-1: Telemedicine	X			X
Activity 5A-1: Bi-directional public health data flow	X			X
Activity 5A-2: Public health registries and analytics	X			X
Activity 5B-1: Quality improvement use cases	X			X
Activity 5B-2: Data quality	X	X		X
Activity 5C-1: Public health IT training	X			X
Activity 5C-2: Public health modernization	X		X	X
Activity 6A-1: SDoH data standards workgroup	X	X		X

"Bridge to Better Health" Activity	ONC 2020-2025 Federal Health IT Strategic Plan	ONC Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs	MDHHS IT Strategy	CedarBridge Group Environmental Scan
Activity 6B-1: Whole-person care management	X			X
Activity 6B-2: Aligned SDoH strategies	X			X
Activity 6B-3: Utilize analytics	X		X	X